

Public Health Watch



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Lyme-like Disease in Tennessee

Allen Craig, M.D., Deputy State Epidemiologist, Tennessee Department of Health

Lyme disease is a tick-borne multisystem disease caused by *Borrelia burgdorferi*, a spirochete. This distinct clinical syndrome was first identified in the 1970's. It is currently the most common vector-borne infectious disease reported in the United States. It occurs most commonly in the northeastern, upper midwestern, and west coast states. Lyme disease is uncommon in southeastern states.

Each year medical providers and laboratorians report 30-50 cases of Lyme disease to the Tennessee Department of Health (see chart on page two). Typically these patients meet the Centers for Disease Control and Prevention (CDC) clinical case definition. A confirmed case is defined as a patient with the classic erythema migrans (EM) rash ≥ 5 cm. This rash often appears as a bull's eye surrounding the attachment site of a tick. A patient also meets the case definition if he/she has at least one late manifestation and has positive serology. Late manifestations include: joint swelling in one or a few joints sometimes followed by chronic arthritis, meningitis, cranial neuritis, radiculoneuropathy, and 2nd or 3rd degree heart block.¹

Diagnostic testing in Lyme disease patients is complex. Serologic testing is problematic for several reasons. First, both the enzyme-linked immunoassay (ELISA) and immunofluorescent antibody (IFA) may show variable results depending on the kit and laboratory used. A positive or equivocal EIA or IFA must be confirmed with a Western blot assay. The Western blot is helpful in decreasing the number of false positive EIA or IFA tests. Second, the positive predictive value of serologic testing is decreased in areas of low incidence such as the southern United States.² In fact, some would argue that serologic testing should not be performed in low incidence areas such as the southern U.S. because of the high false positive rate. Finally, clinicians must combine the clinical picture with the laboratory results to diagnose this disease. Laboratory testing alone is not sufficient to make the diagnosis.

When patients with an erythema migrans rash in the southern United States are examined closely, the vast majority do not have positive serology or the chronic sequelae of Lyme disease. The illness these patients have is called Lyme-like disease or southern tick-associated rash illness (STARI). This illness follows a tick bite by days to weeks as Lyme disease does. Patients have the characteristic expanding bull's eye rash (EM). Up to 50% will have mild constitutional symptoms such as fever, malaise, or headache and recover uneventfully. These patients have a negative serologic evaluation and skin biopsies fail to grow *Borrelia burgdorferi*.³⁻⁴ The tick most commonly associated with this illness is the Lone Star tick, *Amblyomma americanum*, rather than *Ixodes scapularis*, the most common vector of Lyme disease.

It has been suggested that patients with Lyme-like disease be treated with a two week course of doxycycline 100 mg po bid (unless pregnant or under age 8 years) or amoxicillin 500 mg po tid. The advantage of doxycycline is that it will also treat the potentially fatal ehrlichiosis and Rocky Mountain spotted fever which are both

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April 2 - 8, 2001 is Public Health Week

Editor's Note:

April 2nd through 8th is National Public Health Week. To celebrate Public Health Week 2000, *Public Health Watch* presented an issue dedicated to the history of public health in Nashville (Volume 4, Number 2/Special Edition/April 2000). As a result of the special edition, it was my pleasure to become acquainted with Martha Lentz Walker, the daughter of Dr. John Lentz, Davidson County Health Officer from 1920 - 1964. In honor of Public Health Week 2001, Mrs. Walker, with the help of her brother John Jackson Lentz, shares some of her childhood memories. Her insights into life with her father also allow us to more fully appreciate the impact, significance, and lasting contribution of Dr. Lentz's life as a public servant in Nashville.

Nancy Horner, Managing Editor

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endemic in Tennessee. Physicians should consider these potentially life-threatening diseases in febrile or influenza-like patients during tick season even if the patient has no history of a tick bite.

Avoidance of tick exposure is an important preventive measure. Effective measures include using tick repellent, wearing light colored long pants and shirt sleeves as well as body checks for ticks at least daily.

Researchers have identified a spirochete by polymerase chain reaction (PCR) that is felt to be a new pathogen that causes this Lyme-like disease in the Southern United States. This organism has been tentatively named *Borrelia lonestari*. Numerous attempts to culture the organism from biopsies of the EM rash have been unsuccessful.⁵

The CDC has initiated an investigation of this Lyme-like disease in an effort to determine its etiology. The Tennessee Department of Health is assisting the CDC in identifying patients to enroll in this investigation. Providers are asked to identify tick-associated erythema migrans patients within 14 days of tick exposure. After obtaining informed consent, providers will be asked to collect acute and convalescent sera, an anticoagulated whole blood purple top tube, a urine sample, and two skin biopsies (2 mm punch) of the rash. These specimens will be shipped to the CDC in Fort Collins where routine Lyme disease serology will be performed if requested and specimens will be stored for later PCR and culture of skin biopsy specimens. Specimens will also be stored for future testing as tests for this new spirochete are developed.

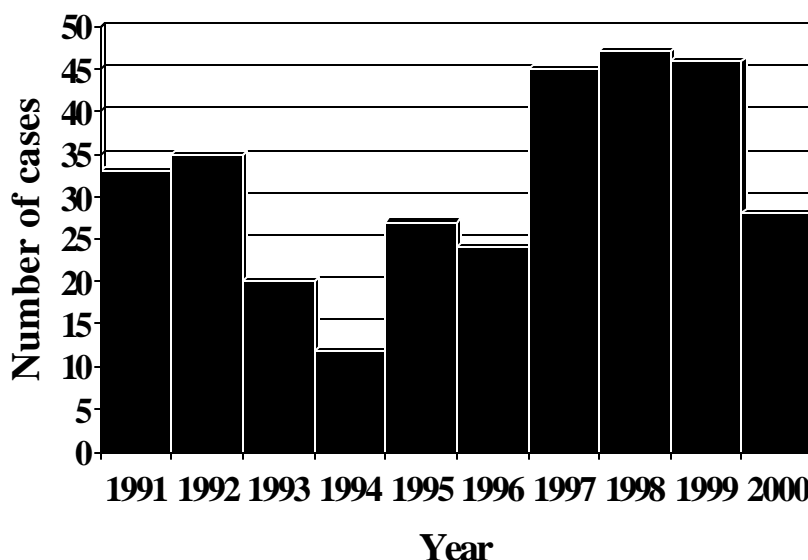
The Tennessee Department of Health, Communicable and Environmental Disease Services Section, is assisting the CDC in identifying patients and getting needed supplies to providers in a timely fashion. If you are interested in enrolling a patient in this study, please contact Dr. Allen Craig or Mary Ellen Chesser, RN. They can be reached at 615-741-7247.



Dr. Allen Craig, M.D., Deputy State Epidemiologist, Tennessee Department of Health

1. CDC. Case definitions of infectious conditions under public health surveillance. MMWR 1997;46(RR-10):1-56.
2. Tugwell P, Dennis DT, Weinstein A et al. Laboratory evaluation in the diagnosis of Lyme disease. Ann Intern Med 1997;127:1109-1123.
3. Campbell GL, Paul WS, Schriefer ME et al. Physician-diagnosed erythema migrans and erythema migrans-like rashes following lone star tick bites. J Infect Dis 1995;172:470-480.
4. Kirkland KB, Klimko TB, Meriweather RA et al. Erythema migrans-like rash illness at a camp in North Carolina. Arch Intern Med 1997;157:2635-2641.
5. Barbour AG, Maupin GO, Teltow GJ et al. Identification of uncultivable *Borrelia* species in the hard tick *Amblyomma americanum*: possible agent of a Lyme-disease like illness. J Infect Dis 1996;173:403-409.

Lyme Disease Reports, Tennessee, 1991 - 2000



Growing Up with Public Health

Martha Lentz Walker with John Jackson Lentz

My father always slept within arm's reach of the telephone. A hammered metal lamp dimly lit the bedside table each night. For me, the rugged little lamp represents my father's vigilance as guardian of public health in Davidson County. So long as I lived in our house on Central Avenue, my father was "on call" day and night.

There were six of us children, spread in age over thirty years. My two oldest brothers, John J. Lentz, Jr., and Ned Davis Lentz, were in college and away from home before my memories begin. My father's third son, Lucian Lentz, was a teenager when his last three children, Betty Ruth, Martha, and Joseph Lentz, came along. I am the fifth child and always knew, although his wish was never spoken, that my father longed for a doctor among his children. The last child fulfilled that dream, completing Vanderbilt Medical School almost 50 years after his father graduated from that university.

Our father never invested in the stock market. He said proudly that he chose one of the best investments, his children. All of them are college graduates, and he felt as strongly about the education of his two daughters as of his sons. Our career interests reflect our father: a son who understood the persuasiveness of the written word and earned his living by creating prize-winning medical advertising; a son who, after a long battle with polio, became a Chancellor in Davidson County; a son who endured two years of incredible hardship as a German prisoner of war and returned to become a successful businessman; a daughter who taught chemistry and physics and was honored by the President of the United States for her teaching excellence; a daughter who taught deaf children and later graduate students in Rehabilitation Counseling; and a son who, at long last, became a pediatrician in Nashville and serves as President of the Tennessee Pediatric Society. Tuition for his brood was not easily come by, but our father somehow managed to make ends meet. Indeed, he lived to reap many dividends from his investment in his sons and daughters.

Education was of prime importance to my father. His own education began when he was born. On a July day in 1885 in Shelbyville, Tennessee, Dr. Solon Duggan handed her newborn son to Martha Thompson Lentz and said: "Make a doctor out of this one." This was not an easy task for our grandmother, for six months later her husband died of tetanus, a result of a hunting accident. Grandmother Lentz taught



Hammered metal lamp that sat on Dr. John Lentz's bedside table. Photo courtesy of Martha Lentz Walker.



The Lentz children surround Dr. John Lentz and his wife Elizabeth Lentz in 1969. From lower left counter clockwise: Martha, Ned, Joe, Lucian, Jack, and Betty. Photo courtesy of Martha Lentz Walker.

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her "Johnny" about farm life and the care of animals. She also saw to it that he learned to spell, and he became the repeating champion of spelling bees in the Shelbyville public schools. Perhaps this is why he later became so adroit in his use of words.

After high school, my father spent two years with a preceptor, a practicing physician who personally supervised his early medical training. At 18, he passed the State Board of Health examination and was given a temporary license to practice medicine. He graduated from Vanderbilt Medical School when he was 21 and practiced medicine for six years in Maury County. Those were the horse and buggy days of medicine, and the habit of house calls persisted throughout his life. As children, we knew that our father's "black bag," a small leather valise containing his instruments, was off limits to us. As soon as we finished supper each evening, our father would depart with his black bag to visit patients. They might include a woman about to give birth to her seventh or eighth child or a youngster injured in a farm accident. I always wondered how he could be ready to cope with most any sickness or injury.

On Sundays, we would sometimes ride along with our father, waiting in the car while he saw patients. My memory is of small farm houses, with chickens and pigs in the yard. Our father would often emerge with "in kind" payment, some fresh vegetables or a country-cured ham. It didn't seem unusual that he worked both day and night, nor that there were no family vacations. It seemed natural that his patients needed him and that the Health Department would close its doors once and for all if he wasn't there, Monday through Saturday. Our mother understood, for she had been the Supervisor of Nurses at the Davidson County Health Department when she met our father. She thought nothing of loading her three children into the car and driving to Chicago or Gatlinburg for a vacation. It was Mother who entertained us on evenings and weekends, accepting our father's priorities and supporting his work.

I have very pleasant memories of visiting the Health Department when it was housed in the County Court House. There were two fountains that adorned the neoclassical and art deco Court House, completed in 1937. My sister and I could put our hands in the fountain and watch the colored lights, or run around the marble footing as we waited for our father to finish his day. He often told of the first office he inherited, which in 1920 was located in the County Jail. There were three rooms, he said, with no equipment, no water, no restrooms, and no nurses. It was, in fact, a health department in name only. No wonder that 40 years later, our father was so proud of the Lentz Health Center. He knew the humble beginnings. He insisted on a fountain for the new Health Center, saying that frightened children would be distracted by the water. How well he knew, having watched his own daughters dabble in the fountain at the County Court House.

We were well aware that the Health Department was the dominant part of our father's life, and that it seldom left his thoughts.



Black medical bag belonging to Dr. John Lentz. Photo courtesy of Martha Lentz Walker.

He was very concerned whenever his children left Davidson County, worrying about the water quality or germs in a foreign county. We were warned never to order chicken salad in a strange restaurant, for fear of food poisoning. If we were served from cracked china, we were to object and return the food. Our father knew the dangers in Davidson County, even after 44 years in preventive medicine. He could only guess at health conditions outside his span of control.

As children, we seldom ate "out," unless it was a tried and true restaurant like Miss Martha's Tearoom in the Allen Hotel. We were prepared to leave a restaurant, if it failed our father's inspection. He made no apology for going into the kitchen to "look around," and to this day, I am wary when food handlers wear caps, rather than hair nets. I remember visiting the State Fair with my father, where he stopped at every food vendor, always with an eye for sanitation. The Farmer's Market was one of his favorite routes, where farmers greeted him warmly, whether they were glad to see him or not. There was literally no moment when my father was not acting as Health Director of Davidson County.

Our home was also an unofficial emergency Health Center. We were trained at very young ages to answer the telephone formally and to take messages accurately. We were also told how to respond to frantic weekend callers terrorized by a rabid dog in the yard. "Shoot the dog, cut off its head, put the head in the refrigerator, and bring the head to the Health Department on Monday" was our calm response. I don't remember anyone ever questioning the child's voice who delivered such gory instruction.

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Looking back, such a responsibility seems unreasonable, yet we grew up feeling safe and loved. We also recognized that our father was well-known in the county, and never knew when there would be praise or criticism of him in the newspaper. As children, our worst fear was that we might do something to "reflect badly" upon him. Our father's role as a public servant meant that our lives were subject to public scrutiny also. His devotion to public health was a major factor in the development of our careers, for he demonstrated love of his work. Each of us searched for a similar driving purpose in our lives and for the courage to make a comparable public contribution. He'd say: "Be sure you are right and go ahead." That advice, that little light remains.

Editor's Note:

Dr. John Lentz was named one of the 25 persons who most influenced life in Nashville during the 20th century by *Nashville Lifestyles* magazine (Dec/Jan 2000 issue). The synopsis pertaining to Dr. Lentz reads: "For half of the 20th century, Nashville was an incredibly dirty place to raise a family. The air was so filthy it was tough to see a traffic light from half a block away and the sewer system was inadequate. Around the State Capitol Building was a pattern of slums that was a breeding ground for crime and venereal disease. Dr. John Lentz was already a very distinguished Public Health Officer for Davidson County in 1944 when he got the ear of Nashville Mayor Tom Cummings. Under Lentz's prodding, a massive urban renewal project was started around the Capitol, literally burying the houses of ill repute and slum tenements and creating Nashville's first system of decent public housing. Today, Lentz's monument is the Lentz Public Health Center on 23rd Avenue North."

You Can Make a Difference for Youth "What Kids Need to Succeed"

South Community Health Action Team
Metropolitan Health Department of Nashville and Davidson County

For generations, our youth have been the hope for America's future. The good news is that most children are doing fine, reaping the many benefits this country affords—well prepared to continue a tradition of innovation and prosperity.

But this is not the whole story. Whether from news reports or personal experience, we know millions of our children are in need. Changes in our country's social fabric threaten our young people. The dissolution of traditional support networks and the menace of drugs and violence can lure kids down the wrong path. It can happen to any kid, at any time.

Many factors influence why some young people have successes in life and why others have a harder time. Economic circumstances, genetics, trauma, environment, ethnicity, and many other factors play a role. In a call to action at the 1997 President's Summit for America's Future, General Colin L. Powell stated, "There is nothing we can't do if we dedicate ourselves to it, and we have nothing more important to do than to save our children. Just as each of us has the right to life, liberty, and the pursuit of happiness, we have the responsibility to give back to our country, to our communities, and to our children. It is nothing less than our civic duty. Reclaiming the next generation of youth is a call to action no one can afford to refuse."

The message is simple: give kids what they need to succeed.

Research by Search Institute has identified 40 concrete, positive experiences and qualities, "developmental assets", that have a profound influence on young people's lives. These 40 developmental assets help young people make wise decisions, choose positive paths, and grow up competent, caring, and responsible. Search Institute has been studying developmental assets in youth in communities since 1989, using a survey called *Profiles of Student Life: Attitudes and Behaviors*. In 1996, the current framework of 40 developmental assets was released. (See page 6.)



Jennifer Kosinski, M.S., R.D., Director of South Community Health Action Team

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40 Developmental Assets

Search Institute has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.

		Category	Asset Name and Definition
External Assets	Support	1. Family support --	Family life provides high levels of love and support.
		2. Positive family communication --	Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).
		3. Other adult relationships --	Young person receives support from three or more nonparent adults.
		4. Caring neighborhood --	Young person experiences caring neighbors.
		5. Caring school climate --	School provides a caring, encouraging environment.
		6. Parent involvement in schooling --	Parent(s) are actively involved in helping young person succeed in school.
	Empowerment	7. Community values youth --	Young person perceives that adults in the community value youth.
		8. Youth as resources --	Young people are given useful roles in the community.
		9. Service to others --	Young person serves in the community one hour or more per week.
		10. Safety --	Young person feels safe at home, at school, and in the neighborhood.
	Boundaries & Expectations	11. Family boundaries --	Family has clear rules and consequences and monitors the young person's whereabouts.
		12. School boundaries --	School provides clear rules and consequences.
		13. Neighborhood boundaries --	Neighbors take responsibility for monitoring young people's behavior.
		14. Adult role models --	Parent(s) and other adults model positive, responsible behavior.
		15. Positive peer influence --	Young person's best friends model responsible behavior.
		16. High expectations --	Both parent(s) and teachers encourage the young person to do well.
	Constructive Use of Time	17. Creative activities --	Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
		18. Youth programs --	Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
		19. Religious community --	Young person spends one or more hours per week in activities in a religious institution.
Internal Assets	Commitment to Learning	20. Time at home --	Young person is out with friends "with nothing special to do" two or fewer nights per week.
		21. Achievement motivation --	Young person is motivated to do well in school
		22. School engagement --	Young person is actively engaged in learning.
		23. Homework --	Young person reports doing at least one hour of homework every school day.
		24. Bonding to school --	Young person cares about her or his school.
		25. Reading for pleasure --	Young person reads for pleasure three or more hours per week.
	Positive Values	26. Caring --	Young person places high value on helping other people.
		27. Equality and social justice --	Young person places high value on promoting equality and reducing hunger and poverty.
		28. Integrity --	Young person acts on convictions and stands up for her or his beliefs.
		29. Honesty --	Young person "tells the truth even when it is not easy."
		30. Responsibility --	Young person accepts and takes personal responsibility.
		31. Restraint --	Young person believes it is important not to be sexually active or to use alcohol or other drugs.
	Social Competencies	32. Planning and decision making --	Young person knows how to plan ahead and make choices.
		33. Interpersonal competence --	Young person has empathy, sensitivity, and friendship skills.
		34. Cultural competence --	Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
		35. Resistance skills --	Young person can resist negative peer pressure and dangerous situations.
		36. Peaceful conflict resolution --	Young person seeks to resolve conflict nonviolently.
	Positive Identity	37. Personal power --	Young person feels he or she has control over "things that happen to me."

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All youth in Tennessee need the power of developmental assets in their lives in order to promote healthy lifestyles and protect them from the high-risk behaviors that keep them from becoming healthy, caring, competent adults. The Metropolitan Health Department of Nashville and Davidson County through the South Community Health Action Team (South CHAT) seeks to mobilize local communities around healthy attitudes and behaviors that prevent high-risk youth activities. They utilize the asset development framework to achieve this mission. The philosophy of South CHAT is:

1. When youth are surrounded with consistent values, boundaries, key relationships, and opportunities, they are more likely to engage in healthy behaviors that positively affect short term and long term health status.
2. All adults play a significant role in positive youth development.
3. Youth must be involved in the planning process.
4. Community-wide commitment is imperative to long term change.
5. Effective systems changes will create a healthier culture for youth and families.
6. Health and well-being include more than the physical element. It includes emotional, social, and spiritual factors.

Philosophy modified from Search Institute materials, 2000.

Many Davidson County businesses, organizations, churches, schools, residents, and medical providers are uniting efforts to provide the 40 building blocks to youth in Nashville. They involve people from all parts of the community in shaping and coordinating strategies that will help all young people be more likely to succeed.

Everyone including parents, guardians, grandparents, teachers, coaches, friends, youth workers, medical providers, pastors, employers, youth, and others can build assets. It doesn't necessarily take a lot of money. But it can make a tremendous difference in raising healthy young people. It involves building relationships, spending time together, and being intentional about nurturing positive values and commitments. The following are some examples of asset building techniques that everyone can do:

- Get to know the names of kids who live around you. Find out what interests them.
- Eat at least one meal together as a family.
- Volunteer as a tutor, mentor, or youth leader in a youth-serving program.
- Educate your customers, constituency, or employees about their potential as asset builders.
- Develop policies that allow parents to be involved in their children's lives and that encourage all employees to get involved with kids in the community.

In Nashville, the Woodbine Community is committed to the health and welfare of their youth through the WING (Woodbine:

Inspiring the Next Generation) Initiative. As a result of their asset building efforts, they have increased family and youth activities throughout their community, promoted a mentoring program at the local elementary school, received grants totaling over \$35,000 to increase youth development programming, sponsored Diversity in Dialogue sessions to support communication between adults and youth of diverse ethnicity, and many other meaningful activities. Through this effort, the WING Leadership Team envisions a community where all young people have at least 30 developmental assets in their lives on a regular basis.

All young people deserve this type of community commitment. Question: Who was that special person in your life that encouraged you to be the person you are today? South CHAT challenges you to make a difference in the lives of youth around you. Envision a day when a grown young person states, "You were that special person that made the difference in my life."

If you would like more information on Developmental Assets or the WING Initiative, please call Jennifer Kosinski at the Metropolitan Health Department at (615) 880-2138. Information about Search Institute and the asset philosophy is also available on the web at www.search-institute.org or toll-free at 800-888-7828.

Melissa Garcia Joins the Staff of the Division of Epidemiology

Melissa Garcia, MPH, joined the Division of Epidemiology staff on February 1, 2001. Melissa's experience covers physical activity epidemiology, epidemiology of aging, and human genetics. She earned her Masters degree in Public Health at the Epidemiology and Public Health Department of the Yale School of Medicine. During her graduate studies, Melissa interned at the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention. Melissa's work in the Division of Epidemiology will encompass the Health of Nashville and Davidson County report and other publications and periodic reports of the Division. She may be reached at (615) 340-2137 or melissa_garcia@mhd.nashville.org.



Davidson County Breast-feeding Rates Increase

Marianne Greenwood, R.N., I.B.C.L.C., Breast-feeding Coordinator

The women of the Metropolitan Health Department's WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) have begun to realize the benefits of breast-feeding. WIC is a federally funded program that supports breast-feeding as the optimal nutrition for the infant during the first year of life. According to Glenda King, the WIC Breast-feeding Coordinator for the state of Tennessee, the breast-feeding rates for WIC participants in Davidson County are the best in the state.¹ Breast-feeding rates in Davidson County improved by 4.5% in the past year, up from 32% in 1999 to 36.7% in 2000. Furthermore, unlike the stock market, they seem to be on an upward trend. The average breast-feeding rate for the state of Tennessee for WIC participants was 28% in the year 2000. This represented a 1% gain from the 1999 breast-feeding rates.

The increase in breast-feeding rates should have a positive effect on Davidson County in many ways. Studies have shown that breast-fed infants scored higher on the Stanford Binet Intelligence Scale and on both the 5-year and the 7-year measures on the Weschler Child Intelligence Scales.² In 1998, Horwood and Ferguson reported an 18-year longitudinal study in New Zealand consisting of over 1,000 children. In this study, those who were breast-fed as infants had both better intelligence and greater academic achievement than children who were infant formula fed.³ Furthermore, a reduction in ear infections, diarrhea, and other diseases has been well documented in breast-fed children.⁴

Although the breast-feeding rates have improved in Davidson County, they are still behind the nation. According to a survey conducted by Abbott Laboratories in 1998, the average rate for WIC participants initiating breast-feeding in the hospital was 52.6%.⁵ The states with the highest WIC breast-feeding rates were:

Oregon	81.7%
Hawaii	80.5%
Idaho	78.9%

A survey conducted by Edge Healthcare Research Inc. in 2000 concluded that there are still barriers to breast-feeding among the WIC participants in Tennessee.⁶ For instance, fear of public disapproval is a barrier. Many people frown upon women who breast-feed in public. Another barrier is returning to work. Frequently, women are expected to go back to work six weeks after the delivery of their baby. The WIC program does supply manual breast pumps. However, it is often difficult for a mother to find the time and place to pump breast milk and maintain a supply for her infant.

The American Academy of Pediatrics supports breast-feeding as the optimal nutrition for the infant during the first year of life.⁷

The World Health Organization states that breast-feeding should continue for at least two years.⁸

The state of Tennessee WIC program is working hard to increase the breast-feeding rate. They are now conducting telephone surveys to determine barriers and successful practices towards breast-feeding. The WIC Program of Davidson County also sponsors a breast-feeding support group every other month on the third Wednesday of the month. The next meeting is on April 18th, 2001. If you have any questions or suggestions, please contact Marianne Greenwood at 615-340-2747.



Left to right: Betty Holloway and Decinda Condrey, Breast-feeding Counselors and Marianne Greenwood, Breast-feeding Coordinator

¹ King, G. Personal communication. November 20, 2000.

^{2, 4} Lawrence, R and Lawrence, R. Breastfeeding a Guide for the Medical Profession. 5th Edition. Mosby, St. Louis, 1999.

³ Horwood and Ferguson. "Breastfeeding and Later Cognitive and Academic Outcomes." Pediatrics, Vol. 101, No. 1, 1998.

⁵ Ross Products Division, Abbott Laboratories. Mothers Survey. 1998.

⁶ Edge Healthcare Research Inc. "Breastfeeding Focus Group's Study 2000. Women, Infant, and Children's Program, Department of Health, State of Tennessee." RFS 343.53-042. Nashville, Tennessee, 2000.

⁷ American Academy of Pediatrics. "Breastfeeding and the Use of Human Milk". Breastfeeding Policy Statement. RE9729. 1997.

⁸ World Health Organization. International Code of Marketing of Breast Milk Substitutes. : World Health Organization ,Geneva, 1981.

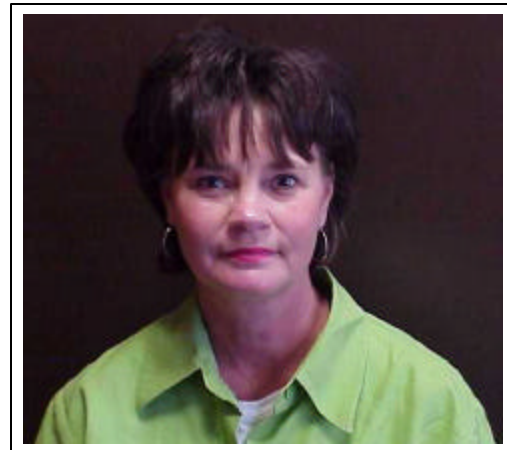
See pages nine through thirteen for additional information pertaining to the breast-feeding program at the Metropolitan Health Department of Nashville and Davidson County.

“...the breast-feeding rates for WIC participants in Davidson County are the best in the state.”

The Metropolitan Health Department of Nashville and Davidson County's Breast-feeding Support Group meets on the third Wednesday of every other month. This meeting was held on February 21, 2001.



Dr . Stephanie Bailey addresses the Breast-feeding Support Group on February 21, 2001.



Polly Greer is the Hospital Outreach Clerk. She visits with all referred prenatal and postpartum patients on TennCare in Baptist and Centennial Women's Hospitals. She provides information about the WIC Program to make it easier for mom and baby to access WIC services after leaving the hospital. She also refers prenatal patients to WIC, promotes the benefits of breast-feeding, and assists them in getting the breast-feeding support they need. In addition to WIC activities, she provides information on the immunization schedule, car safety seats, how to obtain a birth certificate, and folic acid. Each baby also receives a Stork's Nest Certificate for a free layette.

Letters from the Breast-feeding Support Group

Breast-feeding isn't for me. I don't want to be tied down. I don't think I can go through the pain. It's not convenient, and I won't be able to get a baby sitter.

These were the first thoughts I had about breast-feeding. Or should I say myths. That was until I discovered that breast-feeding was more my style than any other method of feeding my newborn. Now, it is the only way for me to go.

I have a beautiful 4 1/2 months old daughter named Joy. She is growing beautifully and just caught her first cold and ear infection. I told the doctor she never ran a fever. The doctor responded that the antibodies from my breast milk may be the cause of her handling her virus so well.

I tried to breast-feed before and stopped with my three other children. I didn't know the proper way of doing it. I ended up quitting after two months because of discomfort.

With Joy, I was determined. I immediately saw a lactation nurse in the hospital. She showed me the correct way. My only regret is that I did not learn the correct way with my other children.

Now to destroy the myths. I am not tied down. I feed Joy before running errands or even going out to dinner. No problem! It is very convenient and comfortable! The best part is that Joy and I have a bond that I've never felt before with any of my children. I feel that I am an important part of her life. I am part of her life-giving source. Her nutrition comes from me. It's a special feeling.

Should you consider breast-feeding? Yes! I have done both formula and breast-feeding and I say there should be no other way.

Marilyn J. Gay

Hello, my name is Hattie Rodriguez. I am a twenty-five year old mother of four. I was fifteen when I became pregnant with my first child. I did not realize the importance of breast-feeding and the bond that you develop with your child. At twenty-two, I finally got it. I breast-fed my 4 year old son until he was about 6 months old, but due to a hectic work and school schedule, I was unable to continue.

My youngest child was born on 01-04-01. When I found out I was pregnant, I knew instantly I was going to breast-feed my son. To me I don't think there is a more enduring feeling than to be able to provide nutrition to my son. It is so gratifying to watch him grow healthy and strong and know it's because of me.

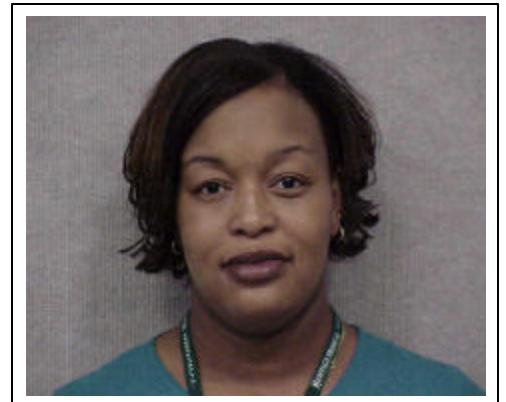
I can't put in words what it means to be a mother. I wouldn't give up being a parent for anything in the world. When I was in college, I read an article in my literature book called "The Womanly Art of Breast-feeding." I believe this article changed me as a woman, a wife, and a mother. I can't recall who actually wrote the article, but I know it changed me.

I feel it is my duty as a parent to provide the best for my children. Breast-feeding has got to be the easiest way to provide a good meal for my child. I know you're thinking sore nipples and swollen breasts—that can't be easy to deal with. But you reap the benefits when you have a healthy child without ear infections, spitting up, and low weight gain. When I'm feeding my son, I just sit back and relax and relate to my child. It is such a good feeling to watch him grow. Perhaps, there are little things we find happiness in. My happiness is being a nurturing provider to my children. Thank you God!

Hattie Dansby Rodriquez



Marilyn Gay and Joy



Letters from the Breast-feeding Support Group



Katherine Smith and Jamario

It is truly a blessing to be able to breast-feed my child and be home with him right now. He is healthy and happy knowing that I am here for him. I am truly blessed. I have been breast-feeding for four months, and he loves his breast milk. He is aware of different movements. He is learning fast.

Katherine Smith



Mary Jacobs and Lauren

Breast-feeding is one of the best things that I do for my child every day. Each time I feed her I feel how much she needs me, and I feel good that I can give her what she needs. When I nurse, she gazes up at me like I am the most wonderful thing in the world. Breast-feeding, for me, is one of the best parts of being a mother.

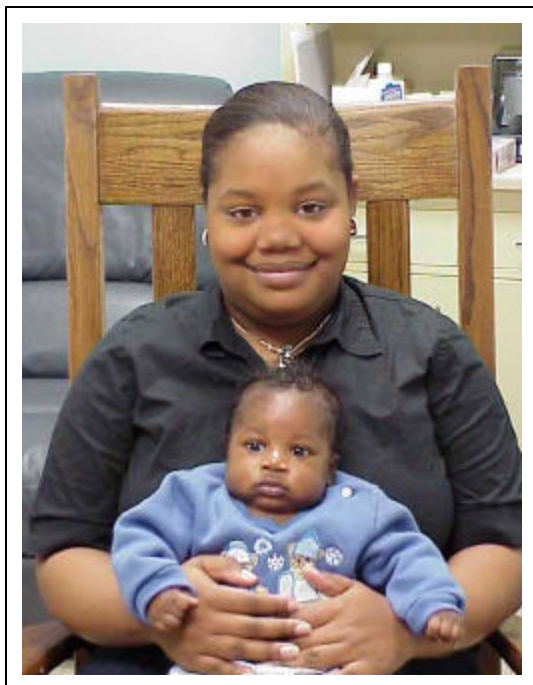
Mary Jacobs



Milkia Brady and Tae'Vion

I really enjoy breast-feeding. I feel as if it is the best and most nutritional way for my baby to get all of the nutrients that he needs. Also, it helps prevent a lot of sicknesses and diseases, and it's also healthy for both of us. The best part of all is that whenever I'm in a crisis, I don't have to rush and find some water for my baby. I already have everything that he needs right there with me. At night when he wakes up hungry, I really don't have to even get out of the bed to feed him! But to encourage someone else, you really should try it and maybe you will love breast-feeding just as much as I do.

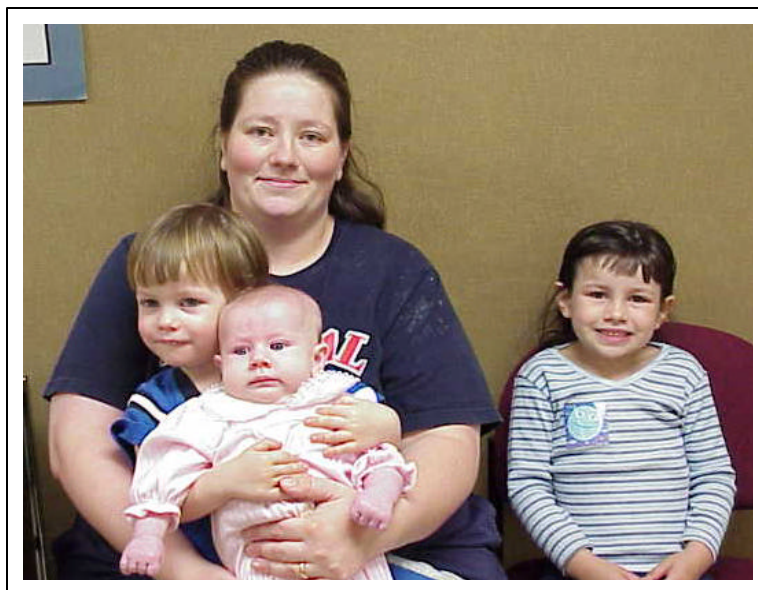
Milkia Brady



Nefateria Wells and Hezekiah

Breast-feeding has been a very rewarding experience for my son and myself. At first, I wanted to give up on breast-feeding but receiving information and attending a breast-feeding class has helped me to understand the benefits for my baby. Now, I work full-time. Exclusively breast-feeding posed a challenge at first, but I have managed it very well. When I look at my son and how healthy he is, it gives me a sense of self-worth knowing that I am making him a healthy baby. So for every mother-to-be out there who may have doubts about breast-feeding, I encourage you to try the experience.

Nefateria Wells



Retha Lockhart, John, Cera, and Kristen

I breast-feed my children for several reasons. In addition to the health benefits my children have and are receiving, I enjoy the time alone with my children and the freedom to get up and go without worrying about bottles and formula. One of the best reasons for breastfeeding is having the perfect excuse to sit and watch TV or read!

I nursed my five-year-old daughter until she was 16 months old. I am now nursing my two-year-old and two-month-old, sometimes together and sometimes alone. When asked why I continue to breast-feed for such a long time, I point out that my children are happy, healthy, and don't seem to be jealous of each other. As long as we are happy and as long as it is acceptable for two, three, and sometimes four-year-olds to suck on a bottle or pacifier, I will continue to breast-feed my children without worrying about what others are thinking.

Retha Lockhart

Letters from the Breast-feeding Support Group

I breast-fed both my son Nicholas and my daughter Jayla. I was introduced to the method by a friend who had knowledge of breast-feeding. The concept of breast over bottle was never an option in my mind. I only knew of bottle milk before I became pregnant with Nicholas, but with Jayla it was never an issue.

Nicholas was started on a combination of formula and breast milk right away. He was not totally dependent on me. With me not being knowledgeable about the benefits of a breast-fed exclusively baby, I favored the bottle more than the breast. But breast-feeding was easier than bottle-feeding. I enjoyed not having to get out of bed to feed him versus mix formula in order to feed Nicholas. He was not sick or fussy with an upset stomach. He did not get any ear infections. He was a very happy and healthy baby boy.



Jayla was breast-fed exclusively for 2 months and then offered formula and breast milk once I started back to work. I enjoy breast-feeding my daughter for the bond and time that we share together. I always have her milk there for her when she needs it and don't have to wait for water to boil and mix formula in order to feed her. She has been sick on some occasions, but that's due to having a brother who goes to school. She has not had an ear infection or been fussy from stomachaches, only when hungry.

The way that I felt about my babies made me feel that I was giving them the best health benefits they were due. I did not feel less of a mother by not exclusively breast-feeding both Nicholas and Jayla for 12 months and beyond. The number of months that I did breast-feed led me to know that I am a great mother for trying breast-feeding. The bond is great. The benefits are rewarding, and your children will show the final results. So whatever choice a mother makes, she is still a good mother to her child.

Christal Smith



Sonya Johnson and Kaleb

I am a 33-year-old mother of two: Christopher 11 years and Kaleb 2 weeks old. I always heard 2,001 reasons why mothers should breast-feed. Yet I was undecided because I always heard the one reason why not to breast-feed: "It hurts". Every mother knows that after giving birth a major feeling is "let there be no more pain". Allow me to share my own experience with all other undecided mothers. Breast-feeding is an experience within an experience. First, there is birth then there is breast-feeding. It is not only a way to feed your baby, it's a good start to nourishment and growth. Kaleb's two week check-up report was off to a good start!

Sonya Johnson

The opening of the new Davidson County Animal Services Facility at 5125 Harding Place is scheduled for April 9, 2001.



Cat stairway where adoptable cats will play while awaiting an adoptive home.



Exterior of the Animal Services Facility as taken on February 1, 2001.



One of two rooms containing dog runs where animals will be housed.



Dr. Brent Hager, Director of the Bureau of Environmental Services for Metropolitan Health Department of Nashville and Davidson County, gives Bill Griggs a tour of the main lobby at the new Animal Services Facility on February 1, 2001.

**May is Mental Health Month
Show Your Support--Wear a Green Ribbon**



May is Mental Health Month. Tennessee Voices for Children encourages everyone to wear a green ribbon throughout the month of May as a way to take positive action and bring awareness to children's mental health issues. Green signifies new life, new growth, and new beginnings. Tennessee Voices for Children has green ribbons available free of charge. To request free green ribbons, contact Andrea Flowers at (615) 269-7751 or toll-free at 800-670-9882.

Children's Mental Health Week Celebration May 2001



One in five children have a diagnosable mental, emotional, or behavioral disorder. Seventy percent of children, however, do not receive appropriate mental health services. "Children's Mental Health Week" is May 6 through 12. To kick off the week, free depression screenings are available across the state on Tuesday, May 8, which is National Childhood Depression Awareness Day. Professionals will be on hand for consultation at various screening sites. "Children's Mental Health Week Celebration" will take place at the Nashville Zoo at Grassmere on Saturday, May 12, from 10:00 a.m. to 4:00 p.m. This annual event helps promote, celebrate, and raise awareness of children's mental health issues. This year's theme, "Embracing the Differences," seeks to promote positive acceptance of an individual's uniqueness. Activities, entertainment, and information booths will be part of the festivities! Tennessee Voices for Children will be giving away 1,000 FREE ADMISSION tickets to the zoo. (Tickets are only valid for Saturday, May 12, 2001, no rain checks available.) For information regarding times and locations for free depression screenings or to reserve free zoo tickets, contact Tennessee Voices for Children at (615) 269-7751 or toll-free 800-670-9882.

Saturday, May 12, 2001

**A day to promote, celebrate, and raise awareness
of children's mental health issues.**

**Come and Celebrate Children's Mental Health Day with us at the Nashville
Zoo at Grassmere**

- **Information Booths on Children's Programs**
- **Fun Activities**
- **Musical Entertainment**
- **FREE Depression Screenings (Ages 6 – 18)**

**ADMISSION IS FREE WITH TICKET!
CALL NOW, TICKETS ARE LIMITED!**

**To reserve your zoo tickets or for more information, call-
Tennessee Voices for Children @ 615/269-7751 or 800/670-9882**

Reported cases of selected notifiable diseases for January/February 2001

Disease	Cases Reported in January/February		Cumulative Cases Reported through February	
	2000	2001	2000	2001
AIDS	66	48	66	48
Campylobacteriosis	5	4	5	4
Chlamydia	407	405	407	405
DRSP (Invasive drug-resistant <i>Streptococcus pneumoniae</i>)	10	5	10	5
<i>Escherichia coli</i> 0157:H7	1	0	1	0
Giardiasis	7	2	7	2
Gonorrhea	387	303	387	303
Hepatitis A	13	5	13	5
Hepatitis B (acute)	12	2	12	2
Hepatitis B (perinatal)	7	1	7	1
HIV	114	75	114	75
Influenza	692	118	692	118
<i>Neisseria meningitidis</i> disease	2	2	2	2
Salmonellosis	7	4	7	4
Shigellosis	3	1	3	1
Syphilis (primary and secondary)	31	16	31	16
Tuberculosis	13	12	13	12
VRE (Vancomycin-resistant enterococci)	6	7	6	7

To report a notifiable disease, please contact:

Sexually transmitted diseases: Pat Petty at 340-5647

Tuberculosis: Diane Schmitt at 340-5650

AIDS/HIV: Mary Angel-Beckner at 340-5330

Hepatitis C: Jennifer Blackmon at 340-5671

Hepatitis B: Cherese Brooks at 340-2168

Vaccine-preventable diseases: Denise Stratz at 340-2174

All other notifiable diseases: Pam Trotter at 340-5632

Public Health Watch welcomes feedback, articles, letters, and suggestions. To communicate with *Public Health Watch* staff, please:

Telephone: (615) 340 - 5683

Fax: (615) 340 - 2110

E-mail: nancy_horner@mhd.nashville.org

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